



Date: _____

Affidavit of Significant Financial Hardship

Borrower Name: _____ Co-Borrower Name: _____

In order to be considered for hardship assistance offered by Christian Community Credit Union, I/we are submitting this form and indicating by the checkmarks below that one or more events are contributing to financial hardship and difficulty in making payments on the Christian Community Credit Union loan or credit card.

- My/our income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings, death, disability or divorce.
- My/our expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes.
- My/our cash reserves are insufficient to maintain the payment on my loan and cover basic living expenses at the same time.
- My/our monthly debt payments are excessive, and I am overextended with my creditors. Debt includes credit cards, home equity loans or other debt.
- There are other reasons I/we cannot make our loan/credit card payments. Details are provided in the "Explanation" section below.

Explanation:

My/our financial hardship is Temporary or Permanent in nature.

Confirm the type of assistance you are requesting:

Deferment of payments Modification of payment amount

If modification is requested, what is the amount of funds available to contribute towards a modified payment? _____

Please return the completed form by email to ConsumerLoanQuality@mycccu.com or fax to 909.971.9643

The following documentation must be included with your request to determine eligibility:

Type of Income	Submit the following documents
Paid by Employer	Copy of most recent 1-month paystubs
Self Employed	Copy of most recent tax year IRS form 1040, all schedules
Social Security/Disability	Copy of 3 months bank stmts or most recent benefit statement
Alimony/child support	Copy of Divorce Decree/separation agreement
Rental Income	Copy of most recent year IRS form 1040, all schedules

Additional items may be required upon review of the documentation submitted.

EMPLOYMENT HISTORY/INCOME

	Borrower	Co-Borrower	
Currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How long?			
Present employer:			
If self-employed, name of company:			
Description	Borrower	Co-Borrower	Total
Gross Salary/Wages (monthly)*	\$	\$	\$
Child Support/Alimony (monthly)	\$	\$	\$
Disability Income (monthly)	\$	\$	\$
Rental Income (monthly)	\$	\$	\$

*Gross salary/wages are your total monthly income before any tax withholding or employer deductions.

MONTHLY EXPENSES

Description	Monthly Payment	Balance Due	Delinquent?
Rents	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony/Child Support	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Borrower/Co-Borrower Acknowledgement:

- Under penalty of perjury, I/we certify, represent and agree that all of the documentation and information I/we have provided in connection with the Financial Analysis Form and this Affidavit are true and correct.
- I/we understand and acknowledge Christian Community Credit Union will pull a current credit report on all borrowers/co-borrowers or a joint report for a married couple.
- I/we certify that I/we are willing to provide all requested documents and to respond to all Christian Community Credit Union's communication in a timely manner. I/we understand that time is of the essence.
- I/we understand that Christian Community Credit Union will use this information to evaluate my/our eligibility for a loan modification or other workout, but Christian Community Credit Union is not obligated to offer me/us assistance based solely on the representation in this Affidavit.

Borrower Name _____ Date _____

Co-Borrower Name _____ Date _____

E-mail address: _____

E-mail Address: _____

Cell Phone# _____

Cell Phone # _____